Statement
of

Honorable Linda Spoonster Schwartz RN, DrPH, FAAN
Commissioner of Veterans' Affairs
State of Connecticut

Before

Capital Assessment Realignment for Enhanced Services Commission

Field Hearing
Billerica, MA
August 25, 2003

Good Morning, Mr. Chairman and other distinguished Members of the Commission.. I am Dr. Linda Spoonster Schwartz, Commissioner of Veterans Affairs for the State of Connecticut, and a Clinical Professor of Nursing and Researcher at the Yale School Nursing. I am also a disabled veteran and regularly use VA health care services.

I want to thank Secretary Principi for creating this Commission and for scheduling this hearing. Indeed, the topic of VA's capacity to provide quality health care for veterans in VISIN 1 in a consistent and appropriate manner is of grave concern for communities and families throughout the New England Region.

Adequate Funding

The capacity to provide quality and timely health care is predicated upon adequate funding. Therefore, it is not surprising that a basic priority for this discussion must be adequate funding for the VA Health Care There is overwhelming evidence that there has not been adequate funding for VA services and programs for quite some time. The VA health care system has been in decline since the beginning of the Vietnam War over 40 years ago. It has never recovered. Buildings in decay, cuts in services at medical centers, projected increases in Community Based Outpatient Clinics (CBOC) at the same time waiting times for appointments in Medical Centers become ridiculously long. Waiting times of 365 days for an appointment in any health care system is unacceptable and indefensible.

The promise of former Undersecretary for Veterans Health at VA Dr. Kenneth Kizers' overhaul of the VA health care set out in his "Prescription for Change" has not materialized since it was initiated in 1996. It is true that important changes in clinical care and the introduction of technology called for in the plan have improved and modernized the system. However, the massive savings that were envisioned then have come at the expense of America's veterans. It is important that members of this Committee who were not here when these plans to restructure were adopted know that veterans who lived through the experience feel as if the CARES Plan is a time warp de-ja vu.

The original rush to enroll every veteran in the country was touted a means of assuring better funding for VA Health Care. In 1995 we were sold a bill of goods. We were encouraged to spread the word to every veteran we met to ENROLL! ENROLL! ENROLL! Push up the numbers. Demonstrate the depth of the market, the need for product lines and impress Congress with a projection of the demand for funding. This has become a "floating numbers game" in which each year the Secretary is required to determine if enough resources exist to serve all priority categories of veterans. Because funding allocated for VA Health Care is not based on the total number of veterans enrolled in the system, gross underestimation of health needs and patient requirements resulted. Misconceptions and misinformation about the realities of this process really amounted to a cruel hoax.

Most Americans believe that health care for a veteran is an obligation of the government to those men and women who step forward to defend freedom and this nation. At a time when our President is asking a new generation of Americans--- our sons and daughters--- to bear the burden of defending this country, we must keep faith with their dedication and sacrifices by making the commitment to assure that the funds to care for their injuries and disabilities is not relegated to a discretionary duty of the nation they have sworn to defend. Budgets are a reflection of the values and priorities of the administrators who design them and the legislators who approve them. What does discretionary funding for the care of men and women who defend this country say about this country?

Capitol Assets Realignment for Enhanced Services (CARES)

The original concept for an assessment of real estate holdings and plans for disposition of excess VA property has evolved into a clinical management tool. From the onset, the plan to embark on a disposition of excess buildings at the same time VA was engaged in a massive transformation of the agency health care delivery systems did not bode well for veterans. The plan as it was originally introduced, was a response to the news that excess VA property was a drain on the economics of the system. There was no question that many VA sites had unused buildings. However as VHA moved from a disease-oriented hospital based system to a patient centered outpatient modality, the state of need was in flux with many unknowns. Decisions have been

made within the context of CARES which have effectively closed beds, cut staffing, compromised services and damaged VA's ability to respond to present and emerging needs of veterans.

For example, this Commissioner and veteran advocates have spent considerable time in the last 20 years focusing on the unmet needs of women veterans. From that time until now, Congress has crafted a remarkable program to assure America's 1.2 million women veterans receive the privacy and specialized services they need to be healthy. Because the number of women in military service has increased from 2% of our military force in 1970 to 17.5% of the Active Force there is evidence to suggest that these efforts have been an investment in the future. However we have seen signs that in the CARES process there are plans to dismantle these services and dissolve the hard won improvements to service to women veterans by "main streaming" their care. These actions are taking place at a time when the special needs of women are being demonstrated on a daily basis and the availability of specialized care for women is an accepted expectation for any health care system.

Veterans in VISN 1, especially veterans in the State of Connecticut, have fought since the inception of the new system for reality based decisions. Representatives on the Management Advisory Committees and at VA Medical Centers report their frustrations that veteran stakeholders are not being taken seriously in this process. Input about the needs of veterans are not appearing in reports or visible in the decision making process. Special Congressional Hearings have been held just to address the difficulties veterans in New England face in accessing VA health care. Funding inequities have plagued this VISN since it began.

VA's recent efforts to refine the Veterans Equitable Resource Allocations (VERA) to ensure that eligible veterans receive the same level of care and access to specialized services regardless of where they live is a procedure that has been a long time in coming. Such actions as the revision of the complexity of care funding allocation, increased funding to networks for severely ill patients and efforts to manage and contain workloads and growth are important improvements to the methods formerly used. However we believe it is too little too late.

Connecticut

The tradition of providing care and support for veterans of war, their widows and orphans began in Connecticut in 1864. Over the past 140 years, this assistance, shelter and medical care has been continuous and has taken several forms. Until 1932, Connecticut supported the Fitch Veterans Home which was originally endowed by a single wealthy businessman Benjamin Fitch. During the depression, many homeless veterans sought food and shelter at the Home. Long before the VA or Department of Veterans Affairs emerged, the needs of veterans grew in complexities and diversity. Rocky Hill which is the present site of our health care delivery was designed in 1932-37 and completed in 1940.

Presently 500 Connecticut Veterans live at Rocky Hill. The Chronic Disease Hospital has a census of 175 which includes a 20 Bed Alzheimer Unit, Respite Care and Hospice. We also have the Veterans Recovery Center which is a 6 months concentrated Substance Abuse Treatment Program. The Veterans Improvement Program (VIP) provides shelter and assistance in accessing job opportunities with the goal of self sufficiency for 250 formerly homeless men and women veterans. For approximately 50% of the veterans Rocky Hill is and will remain their home. The majority of these veterans are in various stages of being able to care for themselves but require Physical, Occupational, Speech or Recreational Therapy to maintain their highest level of independent functioning.

Care for Elderly, Frail Veterans

While I am best known for my advocacy for veterans needing acute care services and specialized services, today I would like to speak as a provider to homeless, chronically disabled, frail and elderly veterans. I could recount for this Commission the fact that VA by virtue of Congressional mandates is required to maintain the Long Term Bed Capacity at the 1998 level. I could also bemoan the fact that the CARES Plan fails to address the needs of the aging veteran population. We have today's VA problems and emerging needs which rely on an antiquated, somewhat time insensitive process for developing answers to address real human difficulties that can not wait. We know that veterans with service connected disabilities are more challenging and require more care as they age.

Statement of
Dennis J. Viola, Director
New Hampshire State Veterans Council
Before the Capital Asset Realignment for
Enhanced Services (CARES) Commission
25 August 2003

Mr. Chairman, I am pleased to appear before you to provide testimony regarding the CARES process as it affects veterans in New Hampshire. While this statement is mine, it was prepared after discussions with the leaders of several of the largest veterans service organizations in New Hampshire and, therefore, represents a consensus viewpoint of a large percentage of our state's veterans. Several of these veteran leaders will be providing written statements of their own, and I am confident that their statements will both support and supplement my brief testimony today.

In general, those New Hampshire veterans who receive their healthcare from the VA in the VISN 1 North Market are pleased with the quality of the care they receive. The VA Medical Centers (VAMCs) at Manchester, N.H., White River Junction, VT., and their community-based outpatient clinics (CBOCs) truly do a commendable job with very limited resources. Our veterans are not as pleased with their ability to access the full range of that high-quality VA medical care, so it comes as no surprise to us that the CARES process has identified three major gaps in VA healthcare coverage affecting New Hampshire's veterans; specifically, **access to hospital care, specialty outpatient care, and outpatient mental health treatment.**

The issue of **access to hospital care** is critical to New Hampshire veterans. Since 1999 there have been no acute inpatient services at VAMC Manchester. Patients requiring this level of care are triaged and transferred to either a local non-VA facility or, if medically stable, to a VA medical facility in another state. Current regulations specify that those veterans admitted to local private hospitals are only entitled to VA payment to the point that they are determined, by VA officials, to be clinically stable for transfer.

This regulation places New Hampshire veterans at a disadvantage when compared to states with acute inpatient VA services, where acute care is provided until discharge.

Many New Hampshire veterans would like to see VAMC Manchester return to its former status as a full-service hospital providing acute care services. If the VA is unwilling to reestablish these services at Manchester, we strongly encourage the implementation of a CARES plan which would permit the VA to lease acute care beds in a non-VA facility in central New Hampshire. This would then be considered a VA care site and veterans would receive services at that site until they were ready for discharge. In addition, we strongly urge the VA to minimize the transfer of patients requiring acute care services to other VA medical centers, and to utilize these leased acute care beds for most of the acute care needs of our state's veterans. Very simply, New Hampshire's veterans are only asking for a level of access to acute care that veterans in other New England states have available to them.

The issue of **specialty outpatient care** remains a major concern to New Hampshire's veterans. While some outpatient services at VAMC Manchester have been expanded during the past five years, a large number of veterans are still required to travel to Boston for various services. With the aging of the veteran population, it becomes more difficult for many veterans to travel to Boston for their care. It's inconvenient, it's time-consuming, and it's a major irritant to our veterans. If the CARES process is to be meaningful in improving access to care and enhancing service, the Veterans Healthcare Administration will need to invest additional resources at VAMC Manchester to allow that facility to expand its outpatient clinics. We feel that the CARES data clearly justify and support the need for full-time clinics in Orthopedics, Neurology, and Ear, Nose and Throat surgery. There is also a need for an expansion of Ophthalmology, General Surgery Services, and Vascular Surgery Services.

The issue of **outpatient mental health services** is a concern because the CARES data show a current and growing need for these services, particularly at our CBOCs. The VA cannot rely exclusively on contract services to fill the gap because there is an insufficient number of private sector providers. VA will have to remain the provider of

these important services. Additional funds for more space and a larger number of mental health providers must be included in the CARES process to meet this growing need.

To conclude, I'd like to thank the CARES Commission for reviewing the data which I believe show our state's veterans as being relatively underserved in access to VA hospital care, specialty outpatient care and outpatient mental health services. A serious and innovative effort to address these gaps will demonstrate to New Hampshire's veterans that they did not forfeit their right to access high-quality VA healthcare when they chose to live in New Hampshire. Thank you.